



## AMVETS Department of Florida Service Foundation Guidelines for Financial Assistance Based Upon Hardship

Each year the Service Foundation will set aside a portion of its budget for Veterans and/or dependents that incur a financial hardship. The Service Foundation Board of Trustees will determine the amount. Once the budgeted annual amount has been depleted, all further requests will be returned marked "**NO FURTHER FUNDS AVAILABLE THIS FISCAL YEAR**". Any request for hardship funds that does not comply with the following guidelines will be returned for proper completion.

1. Persons requesting hardship assistance **MUST** be a member of **AMVETS** in good standing for a minimum of one year. *(Must attach copy of membership card.)*
2. Member requesting hardship assistance **MUST** go through their **OWN Post Commander**. *(MAL members MUST go through the Department State Commander for approval.)*
3. All requests for financial assistance based on hardship must be made to the Service Foundation in writing. **THERE WILL BE NO EXCEPTIONS.**
4. Two (2) sponsors must sign all written requests for financial assistance. *(The sponsors must be members of AMVETS and show membership card, also Post Commanders CANNOT be a sponsor to avoid any appearance of impropriety.)*
5. All written requests for financial hardship assistance must include the facts and circumstances surrounding the financial hardship.
  - a) *The request should show the financial status of the person requesting assistance.*
  - b) *The request should state how the requested funds are to be used.*
  - c) *Must attach late notices for bills, eviction notices, etc.*
6. All requests **MUST** include an attached statement from the Post Commander that he has investigated the request.
7. The Post Commander should certify that the request is valid and the need does exist.
8. The National Service Office will be contacted and requested to verify if VA benefits are available to the requester and sign off on part 4 of the hardship request form.
9. The maximum hardship grant is \$600.00 per veteran family.
10. There will be only **ONE** hardship grant per family within a 12 month period.
11. All requests must be typed or printed neatly.



Revised August 7, 2013  
St. Pete Office  
SUPERSEDES all other hardship  
forms which will not be used.



**AMVETS**  
Department of Florida  
**HARDSHIP REQUEST**

Date of Request: \_\_\_\_\_

VA Claim Number: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Address: \_\_\_\_\_

Service Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Entered Active Duty: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date Released: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**Annual or Life Member Post # \_\_\_\_\_**

*(Attach copy of membership card)*

Name of Sponsors: 1) \_\_\_\_\_ Phone: \_\_\_\_\_ Post # \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_ Post # \_\_\_\_\_

**Must have 2 sponsors and Post Commander CANNOT be a sponsor.**

**AMOUNT REQUESTED: \$ \_\_\_\_\_ (Maximum request \$600.00)**

1. **Describe in detail facts and circumstances causing financial hardship.** *(Use additional paper if necessary & attached all late notices & eviction notices if applicable.)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Financial status of requester:** *(List monthly income from all sources.)*

a) Wages \_\_\_\_\_ d) Retirement \_\_\_\_\_

b) Military Retirement \_\_\_\_\_ e) Spouse \_\_\_\_\_

c) Social Security \_\_\_\_\_ f) Other (explain) \_\_\_\_\_

3. **How will funds be used** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. **National Service Officer's Report:**

a) Name of NSO: \_\_\_\_\_

b) Date of Contact: \_\_\_\_\_

c) Receives VA Compensation or Pension. \_\_\_\_\_

d) Total Compensation %: \_\_\_\_\_

e) Total VA Benefits: \$ \_\_\_\_\_

f) Status of pending claim if any: \_\_\_\_\_

g) Verify type of Discharge: \_\_\_\_\_

h) Verify AMVETS Membership: \_\_\_\_\_

i) NSO Signature: \_\_\_\_\_



## Hardship Request Form *(Continued)*

5. **Post Commander's Investigation results** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the Guidelines for Financial Assistance of the Department of Florida State Service Foundation, Inc. have been complied with.

Post Commander *(Print)* \_\_\_\_\_ Post # \_\_\_\_\_ Date: \_\_\_\_\_

Post Commander: *(Signature)* \_\_\_\_\_

### ***For Service Foundation Use Only!***

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above request for financial hardship assistance is: **APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Amount Granted: \$** \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_